DR.ZIAUDDIN HOSPITAL ڈاکٹر ضیاء الدین ہسپتال

HUMAN RESOURCE DEPARTMENT

SHORT LEAVE APPLICATION FORM

Name: _____ Date: _____/_____/_____

Employee Card No: _____ Designation: _____Department: _____

Short Leave required on _____

For _____ Hours From: _____To: _____Reason: _____

_____ _____

APPLICANT SIGNATURE **HEAD OF DEPARTMENT**

ONLY FOR HR USE

Approved ☐ **With pay** ☐ **Without pay**

HR Officer / HR Assistant	**Assistant Manager HR**

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